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		CLAIMS AS FILED - PART I						SMA	LL EN	,/ ΓΙΤ•∨	<u> </u>			_
		TOTAL CLAIMS			(Column 1) (Column 2)			TYPE			OR	SMA	IER THAN LL ENTITY	1
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		* If the difference in column 1 is less than zero, enter "0" in column 2						+14(D=		OR	+280=		
Available		* If the differe			an zero, enter ' DED - PART		ı	TOTA	AL		OR	TOTAL	Darn	4
Ħ		7/m/pl	÷	OTHER TH										
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AMENDARENT	MENIC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT	RA	TE	ADDI- TIONAL FEE		RA		ADDI- IONAL FEE	
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-		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM)=		OR			 .	
:	(((4 () 4	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	+28	0= DTAL		
	**lf (If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
FORM PTO-875 (Rev. 8/01) Palent and Trademark Office U.S. DESUREMENT OF COUNTERCE														